

EXHIBIT C

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

PBSP

105-02833

8/10

Back pain from
8/26/05 FALL

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Manuel Hill	E45048		C12120

A. Describe Problem: I'm constantly having back pain since falling August 26-2005. I have not received any other type of treatment for this problem, other than a bunch of pills ("Ibuprofen, Naproxen") and others that has given me an adverse reaction, causing me to go to the infirmary on the 30th of August 2005. I've submitted numerous of medical slipped, but to no avail.

If you need more space, attach one additional sheet.

B. Action Requested: Back Therapy

Inmate/Parolee Signature: Manuel Hill

Date Submitted: 9-27-05

C. INFORMAL LEVEL (Date Received): 10/18/05, Partial granted your

Staff Response: You will be placed on no line to discuss
this issue

Staff Signature: Parolee

Date Returned to Inmate: 10/18/05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

I AM DISSATISFIED WITH THIS RESPONSE, FOR IT HAS
BEEN 2 WEEKS SINCE I HAVE RECEIVED THIS RESPONSE
BACK FROM MEDICAL. AND I STILL HAVE NOT SEEN THE
DOCTOR YET. MY BACK IS HURTING ME REAL BAD NOW!

Signature: Manuel Hill

Date Submitted: 10-31-05

Note: Property/Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

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W. B. Hill

First Level. Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11/2/05 Due Date: 12/16/05

Interviewed by: _____

Staff Signature: _____ Title: _____ Date Completed: _____

Division Head Approved: _____ Title: _____ Returned: _____

Signature: _____ Title: _____ Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Second Level Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent's Signature: _____ Date Returned to Inmate: _____

If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other

See Attached Letter

Date: _____

120

100-09829

First Level

 Granted P. Granted Denied OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11/12/05 Due Date: 12/16/05Interviewed by: See AttachmentStaff Signature: John D. OwenTitle: MDDate Completed: 12/10/05Division Head Approved: John D. ThackerTitle: A. THACKER, CHSA IISignature: John D. ThackerTitle:

Returned

Date to Inmate: 12-19-05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: Date Submitted:

Second Level

 Granted P. Granted Denied OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: Due Date: See Attached LetterSignature: Date Completed: Warden/Superintendent Signature: Date Returned to Inmate:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

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For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other See Attached LetterDate:

INMATE/PAROLEE APPEALS SCREENING FORM

NAME: HillPBSP LOG NO: ✓CDC #: E45048CDC HOUSING: C12-120OTHER LOG #: ✓

YOUR APPEAL IS BEING RETURNED FOR THE FOLLOWING REASON(S):

4. In violation of CCR 3084.2(b), 3084.3(c) (4) & 3084.5(a) (1), you failed and must attach evidence that shows you attempted Informal resolution, prior to the appeal being assigned to the First or formal Level of Appeal review. If a staff member fails to respond after 10 working days, use the Chain of Command and submit the Appeal to that staff members Supervisor, or unit/area Supervisors.

<input type="checkbox"/> Counselor	<input type="checkbox"/> PBSP R&R	<input checked="" type="checkbox"/> Med Clinic	<input type="checkbox"/> Records
<input type="checkbox"/> Unit Officer	<input type="checkbox"/> PSU Prop.	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> I/M Assign
<input type="checkbox"/> Mail Room	<input type="checkbox"/> PBSP SHU Prop.	<input type="checkbox"/> Psych Office	<input type="checkbox"/> PBSP Trust Office
<input type="checkbox"/> Law Library	<input type="checkbox"/> Food Serv	<input type="checkbox"/> Med Records	<input type="checkbox"/> Plant Ops
<input type="checkbox"/> Work Supervisor		<input type="checkbox"/> Other	

5. You have not adequately completed the CDC Form 602, or have not attached the proper documents. Follow instructions, attach the items noted below, send what documents you have, or explain why they are not available, 3084.3(c) (5):

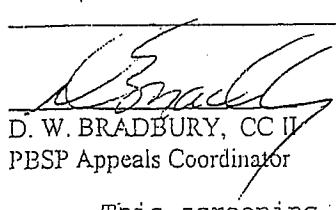
<input type="checkbox"/> Supporting Documents & Receipts	<input type="checkbox"/> CDC 1845 Disability Verification
<input type="checkbox"/> GA 22 Request For Interview	<input type="checkbox"/> CDC 1824 Reasonable/Accommodation
<input type="checkbox"/> CDC 115 Results With final dispo	<input checked="" type="checkbox"/> CDC 7362 Health Care Req Co-Pay
<input type="checkbox"/> CDC 115 IE/DA information/Report	<input type="checkbox"/> CDC 128-C Medical Chrono
<input type="checkbox"/> CDC 115 Supplemental Reports	<input type="checkbox"/> Cell Search Slip
<input type="checkbox"/> CDC 114-D Lockup Order	<input type="checkbox"/> Property Inventory Receipt
<input type="checkbox"/> CDC 1030 Confidential Disclosure	<input type="checkbox"/> CDC 143 Prop. Transfer Receipt
<input type="checkbox"/> Lab Results Sheet	<input type="checkbox"/> Package Inventory Slip
<input type="checkbox"/> CDC 721.9 Medical Report	<input type="checkbox"/> Proof of Ownership / Value
<input type="checkbox"/> CDC 128-A _____	<input type="checkbox"/> Board of Control Release Form
<input type="checkbox"/> CDC 128-B _____	<input type="checkbox"/> Trust Statement
<input type="checkbox"/> CDC 128-G _____	<input type="checkbox"/> CDC 193 Trust Acct Wthdrwl Ord
<input type="checkbox"/> CDC 629A / 629B Assess SHU Term	<input type="checkbox"/> Legal Status Summary
<input type="checkbox"/> CDC 812 / A / B Critical / Enemy	<input type="checkbox"/> Abstract of Judgment (AOJ)
<input type="checkbox"/> CDC 839/840 Class/Reclass Score	<input type="checkbox"/> CDC 1858[PC 148.6/CCR 3391(d)] Info.Advis.
<input type="checkbox"/> CDC 958 Restoration Request	<input type="checkbox"/> Emerg. unwarranted CCR 3084.7(a) (2) (A)
<input type="checkbox"/> CDC 1819 Correspondence Denial	<input type="checkbox"/> Failed to Complete Section _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sign & Date Section _____

<input type="checkbox"/> CDC 1845 Disability Verification
<input type="checkbox"/> CDC 1824 Reasonable/Accommodation
<input checked="" type="checkbox"/> CDC 7362 Health Care Req Co-Pay
<input type="checkbox"/> CDC 128-C Medical Chrono
<input type="checkbox"/> Cell Search Slip
<input type="checkbox"/> Property Inventory Receipt
<input type="checkbox"/> CDC 143 Prop. Transfer Receipt
<input type="checkbox"/> Package Inventory Slip
<input type="checkbox"/> Proof of Ownership / Value
<input type="checkbox"/> Board of Control Release Form
<input type="checkbox"/> Trust Statement
<input type="checkbox"/> CDC 193 Trust Acct Wthdrwl Ord
<input type="checkbox"/> Legal Status Summary
<input type="checkbox"/> Abstract of Judgment (AOJ)
<input type="checkbox"/> CDC 1858[PC 148.6/CCR 3391(d)] Info.Advis.
<input type="checkbox"/> Emerg. unwarranted CCR 3084.7(a) (2) (A)
<input type="checkbox"/> Failed to Complete Section _____
<input type="checkbox"/> Sign & Date Section _____
<input type="checkbox"/> CDC Form 602 _____

7. The issue has been resolved, PBSP Appeal Log No. _____ A copy of the Second (Warden's) level of Appeal review is attached CCR 3084.7(g) (1) (2)(3).

8. Abuse of the appeal procedure: _____

Comments: _____


D. W. BRAEDURY, CC II

PBSP Appeals Coordinator

Date

10/14/05

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

FIRST LEVEL SUPPLEMENTAL PAGE

First Level Reviewers Response

C-FILE

RE: PELICAN BAY STATE PRISON

Appeal Log #: PBSP-C-05-02833

Inmate Name: HILL / E45048

APPEAL DECISION: PARTIALLY GRANTED

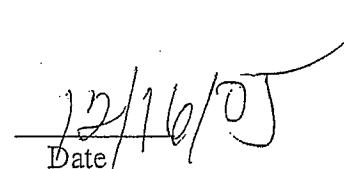
APPEAL ISSUE: In your Informal Appeal, you stated you are constantly having back pain since falling August 26, 2005 and that you haven't received any treatment other than a bunch of pills. You say those pills (Ibuprofen & Naproxen) have given you an adverse reaction, causing you to go to the infirmary on August 30, 2005, and you have submitted numerous medical slips to no avail. Your requested action was back therapy. H. Pomerleau, R.N., responded to your appeal on October 18, 2005, stating: "You will be placed on MD line to discuss this issue". You wrote back at the First Level, stating that you are dissatisfied with that response because as of October 21, 2005, you still hadn't seen the doctor yet and your back is hurting really bad now.

FINDINGS: I, L. Rowe, M.D., was assigned to review your appeal. I interviewed you during your appointment on November 13, 2005. You were referred for a Physical Therapy consultation on November 17, 2005, and the Medical Authorization Review Committee has approved it. You are on the list to be seen by the Physical Therapist and will be seen in turn.

DETERMINATION OF ISSUE: A thorough review of your request presented in this complaint has been completed. Based on this review, the action requested to resolve the appeal is partially granted and will be fully granted when you begin your physical therapy.



L. Rowe, M.D.
Staff Physician



Date



12-16-05

A. Thacker
Correctional Health Services Administrator II

Date

C-FILE

SECOND LEVEL APPEAL RESPONSE

RE: PELICAN BAY STATE PRISON
Appeal Log Number: PBSP-C-05-02833
Inmate/CDC Number: Hill / E45048

This matter was reviewed by MAUREEN MCLEAN, FNP, Health Care Manager at Pelican Bay State Prison (PBSP). A. Thacker, CHSA II, conducted the Appeal at the Second Level of Review on January 18, 2006.

APPEAL ISSUE: At the Informal Appeal, you stated you are constantly having back pain since falling August 26, 2005 and that you haven't received any treatment other than a bunch of pills. You say those pills (Ibuprofen & Naproxen) have given you an adverse reaction, causing you to go to the infirmary on August 30, 2005, and you have submitted numerous medical slips to no avail. Your requested action was back therapy. H. Pomerleau, R.N., responded to your appeal on October 18, 2005, stating: "You will be placed on MD line to discuss this issue". You wrote back at the First Level, stating that you are dissatisfied with that response because as of October 21, 2005, you still hadn't seen the doctor yet and your back is hurting really bad now. L. Rowe, M.D., was assigned to review your appeal at the First Level and interviewed you during your appointment on November 13, 2005. You were referred for a Physical Therapy consultation on November 17, 2005, and the Medical Authorization Review Committee has approved it. Your Physical Therapy began December 22, 2005. You submitted your appeal to the Second Level for response on January 2, 2006. You wanted to clarify that if Doctor Rowe would have read and understood your initial grievance at the Informal Level, the doctor would have noticed your statement of "other pills", included Tramadol and that is what caused your adverse reaction on August 29, 2005.

FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. I. M. McLean, F.N.P., Health Care Manager, was assigned to investigate your allegations. A. Thacker, CHSA II, reviewed your medical file and responses January 18, 2006. Your requested action in this appeal was for physical therapy. Your statement at Second Level, seem to be informational only. Your physical therapy was granted. If you have medication, or any other issues you would like resolved, you may submit a new appeal and ask specifically what your requested action is regarding those issues.

DECISION: The Appeal is granted.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

Acel K. Thacker 1/18/06
Acel K. Thacker Date
Correctional Health Services Administrator II

Maureen McLean 1/19/06
M. McLean, FNP Date
Health Care Manager

**INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/07)**

Location: Institution/Parole Region

1. PBSP

Log No.

105-02833

Category

8/10BCSP, DIA 10, FRCN8/26/05 FALL

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>Manuel Hill</u>	<u>E-45048</u>		<u>C12-120</u>

A. Describe Problem: I'm constantly having back pain since falling August 26-2005. I have not received any other type of treatment for this problem, other than a bunch of pills ("Ibuprofen, Naproxen") and others that has given me an adverse reaction, causing me to go to the infirmary on the 30th of August 2005. I've submitted numerous of medical slipped, but to no avail.

If you need more space, attach one additional sheet.

B. Action Requested: Back Therapy

Inmate/Parolee Signature: Manuel Hill

Date Submitted: 9-27-05

C. INFORMAL LEVEL (Date Received: 10/19/05), partial granted you

Staff Response: You will be placed on the line to discuss this issue

Staff Signature: Administrator

Date Returned to Inmate: 10/18/05

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

I AM dissatisfied with this response, for it has been 2 weeks since I've receive this response back from medical. And I still have not seen the doctor yet. my back is hurting me real bad now.

Signature: Manuel Hill

Date Submitted: 10-31-05

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

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BSH

First Level

 Granted P. Granted Denied Other _____E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11/2/05 Due Date: 12/16/05Interviewed by: See AttachmentStaff Signature: John D. RoweTitle: MDDate Completed: 12/10/05Division Head Approved: John D. RoweTitle: A. THACKER, CHSA II

Returned

Signature: John D. RoweDate to Inmate: 12-19-05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Just to be clear. If Dr. Rowe would have read and understood my initial grievance at the informal level, The doctor would have noticed my statement of other pills (Tramadol) in particular is what gave me the adverse reaction 8-29-05

Signature: John D. Rowe Date Submitted: 1-2-2006

Second Level

 Granted P. Granted Denied Other _____G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 01-04-06 Due Date: 02-02-06 See Attached LetterSignature: John D. RoweCHSA IIDate Completed: 1/16/06Warden/Superintendent Signature: Mark A. MillerADMDate Returned to Inmate: 1-20-06

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other _____ See Attached Letter

Date: _____

INMATE/PAROLEE APPEALS SCREENING FORM

NAME: HILLPBSP LOG NO: ✓CDC #: E45048

CDC HOUSING:

C12-120

OTHER LOG #:

YOUR APPEAL IS BEING RETURNED FOR THE FOLLOWING REASON(S):

4. In violation of CCR 3084.2(b), 3084.3(c)(4) & 3084.5(a)(1), you failed and must attach evidence that shows you attempted Informal resolution, prior to the appeal being assigned to the First or formal Level of Appeal review. If a staff member fails to respond after 10 working days, use the Chain of Command and submit the Appeal to that staff members Supervisor, or unit/area Supervisors.

<input type="checkbox"/> Counselor	<input type="checkbox"/> PBSP R&R	<input checked="" type="checkbox"/> Med Clinic	<input type="checkbox"/> Records
<input type="checkbox"/> Unit Officer	<input type="checkbox"/> PSU Prop.	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> I/M Assign
<input type="checkbox"/> Mail Room	<input type="checkbox"/> PBSP SHU Prop.	<input type="checkbox"/> Psych Office	<input type="checkbox"/> PBSP Trust Office
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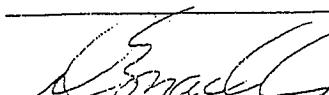
5. You have not adequately completed the CDC Form 602, or have not attached the proper documents. Follow instructions, attach the items noted below, send what documents you have, or explain why they are not available, 3084.3(c)(5):

<input type="checkbox"/> Supporting Documents & Receipts	<input type="checkbox"/> CDC 1845 Disability Verification
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<input type="checkbox"/> CDC 115 IE/DA information/Report	<input type="checkbox"/> CDC 128-C Medical Chrono
<input type="checkbox"/> CDC 115 Supplemental Reports	<input type="checkbox"/> Cell Search Slip
<input type="checkbox"/> CDC 114-D Lockup Order	<input type="checkbox"/> Property Inventory Receipt
<input type="checkbox"/> CDC 1030 Confidential Disclosure	<input type="checkbox"/> CDC 143 Prop. Transfer Receipt
<input type="checkbox"/> Lab Results Sheet	<input type="checkbox"/> Package Inventory Slip
<input type="checkbox"/> CDC 7219 Medical Report	<input type="checkbox"/> Proof of Ownership / Value
<input type="checkbox"/> CDC 128-A	<input type="checkbox"/> Board of Control Release Form
<input type="checkbox"/> CDC 128-B	<input type="checkbox"/> Trust Statement
<input type="checkbox"/> CDC 128-G	<input type="checkbox"/> CDC 193 Trust Acct Wthdrwl Ord
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<input type="checkbox"/> CDC 1819 Correspondence Denial	<input type="checkbox"/> Failed to Complete Section
<input type="checkbox"/> CDC Form 602	<input type="checkbox"/> Sign & Date Section
	<input type="checkbox"/> CDC Form 602

7. The issue has been resolved, PBSP Appeal Log No. ✓. A copy of the Second (Warden's) Level of Appeal review is attached CCR 3084.7(g)(1)(2)(3).

8. Abuse of the appeal procedure: ✓

Comments: ✓


D. W. BRADEURY, CC II
PBSP Appeals Coordinator

Date

10/14/05

This screening action may not be appealed unless the above reason/s are inaccurate and the inmate can provide supporting arguments against the screening decision.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

FIRST LEVEL SUPPLEMENTAL PAGE
First Level Reviewers Response

RE: PELICAN BAY STATE PRISON

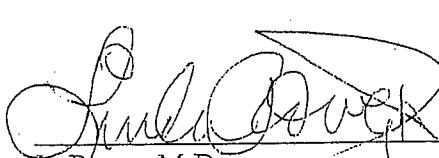
Appeal Log #: PBSP-C-05-02833
Inmate Name: HILL / E45048

APPEAL DECISION: PARTIALLY GRANTED

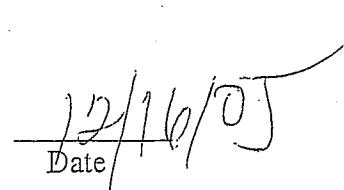
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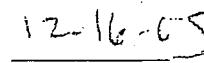
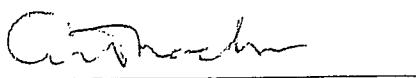
DETERMINATION OF ISSUE: A thorough review of your request presented in this complaint has been completed. Based on this review, the action requested to resolve the appeal is partially granted and will be fully granted when you begin your physical therapy.



L. Rowe, M.D.
Staff Physician



Date



A. Thacker
Correctional Health Services Administrator II

Date